

Chichester District Council

Overview and Scrutiny

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Social Prescribing evaluation for 2022/23

1. Contacts

Report Author

Elaine Thomas – Community Wellbeing Manager

Telephone: 01243 521041 E-mail: ethomas@chichester.gov.uk

2. Recommendation

2.1 That the committee notes progress and outcomes to date for the Social Prescribing service

3. Background

- 3.1 Social Prescribing is a person-centred service that connects adults aged 18+ to support in their local area. It is a service for GPs and other professionals to refer people who may need support with some of the non-medical issues in their life, which may be having an adverse impact on their health and wellbeing.
- 3.2 Social Prescribers are attached to GP surgeries and take referrals direct from practice staff. They then work with clients on a one to one basis, for up to 6 sessions, to support with issues associated mainly with social isolation and signpost to services that provide support for housing, debt and money management, Carer support and employment issues.
- 3.3 During their appointment with the Social Prescriber, the individual can discuss ways to improve how they feel and explore opportunities for them to connect to the practical or emotional support available in their community. Some people require a signposting or onward referral, but others may benefit from more long term support to make a change.
- 3.4 The service was launched in July 2018 as a two-year pilot with funding from a range of partners. The pilot ended in July 2020 and has continued with further funding from the council and the two Primary Care Networks (PCNs) in the district, Chichester Alliance of Medical Practitioners (CHaMP) and Rural North (RNC). It is currently funded until March 2024.
- 3.5 During 2022/23 we recruited a Young Persons Social Prescriber to work with young people aged 13 – 19yrs as it was recognised that young people had been particularly impacted by the Covid 19 pandemic. This is currently into year two of a two-year pilot which will end the autumn of 2024. The service is funded by Hyde and Clarion Housing providers and the council.

4. Outcomes to be Achieved

- 4.1 The service supports the Corporate Priority of 'Support for our Communities'. The team focus on person centred outcomes for individuals and each person is supported to set their own goals, every person is different, but if they are able to access services independently and achieve their goals then that is a successful outcome.
- 4.2 Each referral is recorded along with the individual goals and subsequent outcomes. Since the start of the service in 2018 the team have received more than 3,500 referrals, two thirds are female varying across the working age and older adult age range. The most referrals are for older people aged 80+ struggling with isolation issues, which worsened during the pandemic. During 2022/23 we received 1063 referrals which is the highest number to date.
- 4.3 Most referrals are for multiple reasons where social isolation is most common, followed by support with money, debt and benefits, housing issues, lifestyle (these are signposted to the Wellbeing Team), employment and training and support for Carers. More recently we have seen an increase in issues associates with cost of living pressures. Around half of clients have problems with their mental health which exacerbates their inability to access services.
- 4.4 We use a validated tool to measure mental wellbeing before and after the intervention with the Social Prescribers. Despite the data being difficult to collect and therefore incomplete, indications point to positive change in many individuals.
- 4.5 We are currently unable to undertake formal long term evaluation of the service as we do not have access to NHS IT systems to monitor longer term impact on people as individuals or the impact on the health system. This is an issue across West Sussex for all the Social Prescribing services and is being discussed at a strategic level.
- 4.6 The evaluation report in background papers includes a case study where thanks to multi agency intervention, one of the individuals referred to Social Prescribing has seen truly life changing outcomes for people who are referred for multiple reasons. Multi agency working has proved to be an invaluable outcome for the service, it avoids duplication and means the individual is supported by the right service at the right time. Examples where multi agency working is particularly successful include.
 - Working alongside Supporting You or referring to Citizens Advice to help with maximising income. Some clients have received significant back payments in unpaid benefits as a result of this type of multi agency working.
 - By working with the Housing team they have helped individuals to maintain a tenancy, or secure a more suitable tenancy, and resolve significant issues associated with hoarding.
 - By working with voluntary sector groups, the team have helped clients to obtain small grants for furniture, carpets or white goods.
 - Supporting people with cost of living pressures by linking people to the Household Support Fund, Food Bank and other food providers in the short term.
 - Support with mobility issues and accessing loans for equipment.
 - Support with digital inclusion, loan IT equipment and training to use it.

Examples where the team have had real successes supporting people to improve their mental health and emotional wellbeing are as follows.

- Connecting them with social groups like lunch clubs and befriending services where they can meet likeminded people and form new friendships.
- Accessing creative activities like art, music and writing therapies where they are able to learn a new skill or express themselves in a new way.
- Attending outdoor activities like gardening and growing projects, in particular Petworth Community Garden or Tuppenny Barn.
- Going along to group walks where they can be active with others in a safe way.
- Accessing counselling services

4.7 The Young Persons service has had 23 referrals since the service started in 2022. The whole service now caters for all ages and for those with additional needs.

4.8 Young People are generally referred by their parents, the Early Help team at WSCC or they self refer for issues associated with anxiety, emotional wellbeing, lifestyle and social isolation.

4.9 The Young Persons Social Prescriber has made excellent contacts with other services for young people and works in partnership to find the best solution for the individual which include, accessing counselling, attending creative groups, accessing support into education or volunteering.

5. Resource and Legal Implications

5.1 Funding for the service is secure until March 2024. The current funding is linked to the NHS GP contract which is due to be renewed and is being negotiated at a national level. Although it is widely anticipated to continue, at the time of writing this report, future funding is unknown.

5.2 As the end of contract approaches, retention of staff and subsequent recruitment becomes a risk. To mitigate this, we are working closely with the PCN managers who have been reassuring so far.

5.3 The Young Persons Social Prescribing service has been slow to develop so it was decided to reduce capacity to part time in order to extend the pilot time period. It is anticipated that it will be subsumed within the wider adult service in the new GP contract to create a service covering all ages.

6. Community Impact and Corporate Risks

6.1 Risks are associated with funding. The PCNs are involved in service development and good relationships are in place to mitigate against this risk.

6.2 This service focuses on supporting people with multiple needs, often with mental health problems, long term conditions and financial issues. The council would be less able to fulfil its commitment to support communities along with reducing health inequalities. Demand on council and partner / voluntary sector services could also increase.

7. Other Implications

	Yes	No
Crime and Disorder the service works with people who may be experiencing neighbour disputes but this is an example of how issues can be progressed or resolved by working with partners and providing support		x
Biodiversity and Climate Change Mitigation There are there no implications		x
Human Rights and Equality Impact An Equality Impact Assessment has been written		x
Safeguarding and Early Help The Social Prescribing team work with vulnerable people and make safeguarding referrals when appropriate.		x
General Data Protection Regulations (GDPR) The team are aware of the need to protect client data and comply with GDPR regulations. There are systems in place to minimise potential breaches		x
Health and Wellbeing The service has a positive impact on health inequalities		x

8. Appendices

8.1 Appendix 1, Social Prescribing evaluation report for 2022/23

9. Background Papers

None